



August 7, 2019

Ajit Pai, Chairperson
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

RE: Notice of Proposed Rulemaking in the Matter of Promoting Telehealth for Low-Income Consumers
WC Docket. No. 18-213

Dear Chairperson Pai:

On behalf of Cascade Comprehensive Care (CCC), I am writing to comment on the Notice of Proposed Rulemaking (NPRM) regarding the Connected Care Pilot program that would assist low-income consumers and veterans stay connected directly to health care providers through telehealth services.

As a Coordinated Care Organization (CCO) in rural Oregon, we connect physical, behavioral, and dental health care providers to serve people who receive health care coverage from the Oregon Health Plan (Medicaid). We also serve the Medicare population through our Medicare Advantage plan. With a primary focus on preventative care and properly managing chronic disease, we work to reduce emergency room visits, advocate for evidence-based high-quality health care, empower members to improve their health behaviors, and advocate for increased access to care for rural communities.

Klamath County is a beautiful, rural community located in Southern Oregon. Named in honor of the Klamath Tribes, the county is the fourth largest county in Oregon. Spanning 6,135 miles, Klamath County is home to only 66,018 residents. For the last six years, Klamath County has ranked last in Oregon's health rankings by county. With almost 30% of Klamath County residents currently receiving Medicaid services, increased broadband enables innovation to our most underserved populations.

Many county residents suffer from chronic disease and several social determinants of health. This is caused, at least in part by socio-economic status and access to care. Over 53% of residents suffer from one or more chronic diseases. A quarter of the population is diagnosed with depression. Limited access to care raises significant concern for our low-income residents, veterans, as well as our most vulnerable populations living in outlying areas.

Through public-private partnerships, the health industry has leveraged strategic investments to relieve socio-economic inequalities. These efforts, and more, have aided in our reward as one of

the 2018 Robert Wood Johnson Foundation Culture of Health Prize recipients. Implementation of broadband will carry our success forward.

CCC values the opportunity to provide comments and observation to the FCC in support of its proposed FCC Connected Care Pilot Program. Please see our comments below:

#24 Network Equipment: For very rural areas to participate in this Pilot program, purchase of Network Equipment is a must. Rural areas lack sufficient broadband coverage and infrastructure to deploy telehealth services. Due to isolation and lack of access, purchasing of Network Equipment will be the only way for frontier communities to participate. Without the infrastructure, the services cannot be arranged. In 2016, 64% of rural Oregonians lived in areas where they could access broadband speeds, while 98% of Oregonians in urban areas could. Budgeting \$100 million begins bridging the gap in the digital divide. Without such funding, new broadband opportunities will remain out of reach for years to come or may never come to full fruition.

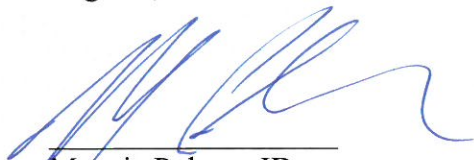
#26 End-user Devices, Medical Equipment, Mobile Applications, and Health Care Provider Administrative Expenses: End-user devices, medical devices that connect care, and connected care mobile applications are essential components to any telehealth program. In planning for success, the FCC should highly consider allowing applicants to apply for funding that supports end-user devices, medical equipment, mobile applications, so rural residents can participate in services provided through telehealth.

#33 Number of Pilot Projects and Amount of Funding Per Project: We support funding of projects totaling \$100 million. However, we would propose that projects be funded on a need basis depending on project scope. Lack of current infrastructure in rural/frontier areas may cause projects to exceed the proposed project amount of \$5 million. In our experience, setting a fixed number of funded projects limits the scope of the projects. We strongly encourage the FCC to consider awarding projects based on funding needs and not setting a fixed designation.

#42-44 Pilot Program be open to urban and rural eligible health: The project should be limited to only rural health care providers. Rural areas suffer from workforce shortages, lack of access, and more. We encourage only funding areas located in the Health Resources and Services Administration's Health Professional Shortage Areas designation and/or Medically Underserved Areas. Areas in these designations provide a realistic view of potential impact of telehealth services in areas suffering from professional shortages and low-income populations.

Thank you for this opportunity to submit comments.

Regards,

A handwritten signature in blue ink, appearing to read 'Maggie Polson', is written over a horizontal line.

Maggie Polson, JD
Director of Government Relations & External Affairs